

DOCKET NO. 920602-98930
 CUSTOMER NO. 23644

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:)	
)	
Clive Harrold Thomas Burrows et al.)	
)	
Serial No.:)	Group Art Unit:
)	
Filed:)	
)	Examiner:
Title: Ophthalmoscope)	
)	Customer No. 23644
)	

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

**POWER OF ATTORNEY FOR
 PATENT APPLICATION**

Keeler Limited, a corporation having principal offices at:

**Clewer Hill Road
 Windsor
 Berks
 SL4 4AA
 Great Britain**

the owner by assignment of the entire right, title and interest to the invention for Ophthalmoscope, and in and to the application for patent and any Letters Patent, whether domestic or foreign, that may issue thereon, by virtue of the assignment (check as applicable)

<input checked="" type="checkbox"/>	Recorded Concurrently Herewith
<input type="checkbox"/>	Recorded on _____
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<input type="checkbox"/>	Copy Attached


hereby appoints the attorneys and/or agents associated with Customer Number 23644 to prosecute this application and transact all business in the Patent and Trademark Office connected therewith as its attorneys with full power of substitution and revocation, to prosecute all domestic and foreign patent applications, including PCT and EPO filings, relating to said invention and to transact all business connected therewith, including signing of all papers on its behalf and making alterations and amendments.

All communication regarding this application should be directed to: William M. Lee, Jr., (312) 214 - 4800.

The undersigned is the representative for the Assignee of the entire right, title and interest in the patent application identified above, and is authorized to act on behalf of the Assignee.

Date:

12/5/05


Director

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)))	Attorney Docket Number	920602-98930
	First Named Inventor	Clive Harold Thomas Burrows
	COMPLETE IF KNOWN	
	Application Number	To be Assigned
	Filing Date	Herewith
	Art Unit	
	Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

OPHTHALMOSCOPE

the specification of which (Title of the Invention)

☒ is attached hereto
OR

☐ was filed on (MM/DD/YYYY) [] as United States Application Number or PCT International

Application Number [] and was amended on (MM/DD/YYYY) [] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)		Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
0320096.1 PCT/GB2004/003630	Great Britain	08/28/2003 08/25/2004	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☒ The address associated with Customer 23644 OR ☐ Correspondence address below

Name

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Clive Harrold Thomas

Family Name or Surname

Burrows

Inventor's Signature

Date

19/05/05

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☒ Additional inventors or a legal representative are being named on _____ supplemental sheet(s) PTO/SB/02A or 02LR are attached

DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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